



**HealthWorks  
for Northern Virginia**  
A Community Health Center

**HealthWorks for Northern Virginia**

**163 Fort Evans Rd NE  
Leesburg, VA 20176**

**1141 Elden St  
Suite 300  
Herndon, VA 20170**

**Internal Use Only:**

Immunization Record submitted \_\_\_\_\_ TB test submitted \_\_\_\_\_ Oriented \_\_\_\_\_ VA Risk \_\_\_\_\_

License Information confirmed by Volunteers Coordinator \_\_\_\_\_

Health Center Start Date: \_\_\_\_\_ Location: \_\_\_\_\_

**ADMINISTRATIVE OR INTERPRETER VOLUNTEER**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone: Primary ( ) \_\_\_\_\_ Secondary ( ) \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

If a student, school or university attending: \_\_\_\_\_

Languages

Spoken: \_\_\_\_\_

How did you hear about Health Works \_\_\_\_\_

Availability: \_\_\_\_\_

Previous Experience and Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Do you have any medical conditions of which HealthWorks should be aware ? \_\_\_\_\_  
\_\_\_\_\_

**Person to contact in event of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Evening phone# \_\_\_\_\_

**Volunteer Position Desired:** [ ] Health Fair Table [ ] Admin Volunteer (front desk, filing, scanning, computer work, admin patient support) [ ] Interpreter

**Volunteer Location Desired:** Herndon Center [ ] Leesburg Center [ ]

**References:**

Please provide three references.

Name: \_\_\_\_\_

Relationship/context in which you know reference: \_\_\_\_\_

Preferred contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/context in which you know reference: \_\_\_\_\_

Preferred contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/context in which you know reference: \_\_\_\_\_

Preferred contact information: \_\_\_\_\_

**I agree that the above information is correct to the best of my knowledge.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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